ARIZONA FORM 140PY

Part-Year Resident Personal Income Tax Mail to: Arizona Department of Revenue,

Amnesty 1994

For the year Ja	nuar	y 1 -	December 31, 1994, or other tax year beginning, 1994, and	ending _		_, 19	95.	(66)
First name and initial - if joint return, also give spouse's name and initial Last name					Your social security	/ numb	er	
1							1	
Present home a	dres	s - nu	mber and street, including apartment number or rural route Home telephone		Spouse's social se	curity r	number	9
City, town or pos	t offic	٠	State ZIP code Daytime telephone		For DOR use	only		
3	t Ont	, 5	State 24 Code Daywille telephone		roi bon use	omy		
Filing	4		Married filing joint return					
Status	5		Head of household name of qualifying dependent:					
Check	6		Married filing separate return Spouse's name:					
one	7		Single Spause's SSN:					
Exemption	8		Age 65 or over (you and/or spouse)					
Enter number	9		Blind (you and/or spouse)					
claimed	10		Dependents. From page 2, line A3 - do not include self or spouse.					
Resident	11		Part-year resident Root year resident active military (Check one)					
Status	12		Fait-year resident active military		1 1/2	2003 S. 61 1 11		1
Income	13		group group (norm coorder) on total, total, total	3	5			
	14		ona income (from page 2, line B19)			14		
	15		itions to income (from page 2, line C23)		i~	15		
	16		lines 14 and 15			16		
	17		tractions from income (from page 2, line D35)1					
	18		traction of Federal Retirement Contributions. See instructions			0.00		
	19 Total Subtractions. Add lines 17 and 18					19		
	20	Ariz	ona adjusted gross income. Subtract line 19 from line 16	*******		20		
Figuring	21	Ded	uctions.			2		
Your Tax		Ch	eck ONE box and enter amount. 21 I TEMIZED 21 S STANDARD 2	4				
	Check ONE box and enter amount. 21 I ITEMIZED 21 S STANDARD 21 22 Personal exemptions. If you checked filing status 4 or 5, multiply \$4,200 by the					100		
IMPORTANT:								
Attach Federal and State	ch Federal or 7, multiply \$2,100, by the percentage from page 2, line B20 and enter result here 22							
Schedule A if	23 Add lines 21 and 22					23		
you itemized.						24		T
	25		pute the tax using Tax Rate Table X or Y			25		
	26 Tax from recapture of credits from <i>Arizona Form 301</i> , line 15				1-	26		+
					I <u>-</u>	27		+-
	28	Credit type. Enter form number of each credit claimed				28		+-
								+
	30					30		
	31		eral retiree credit available			JU		+
	32		ance of tax. Subtract line 31 from line 30			32		
Payments	33		ona income tax withheld during 1994			600		+-
1 dyments	34		ona estimated tax payments for 1994					
	35		ount paid with 1994 Arizona extension request		-			
	36		al payments. Add lines 33, 34 and 35			36		
Refund or	37		DUE. If line 32 is larger than line 36, enter amount of tax due. Skip lines 38, 39 and 40		h-	37		$oxed{oxed}$
Tax Due	38		ERPAYMENT. If line 36 is larger than line 32, enter amount of overpayment			38		\perp
	39	Am	ount of line 38 to be applied to 1995 estimated tax	9		3:183		
Attach	40		ance of overpayment. Subtract line 39 from line 38			40		
copy of	41		untary Arizona Wildlife Fund contribution4	1				
your Forms W-2 and	42			2				
1099-R here.	43		untary Neighbors Helping Neighbors Fund contribution					
	44 4E		make a Delitical account to a second	4				
Attach	45		untary Political contribution	5				
check or money	46		ck ONE box. 1 Democratic 2 Libertarian 3 Republican	7				
order on top	47		mated paymont penalty and interest. Cee was debiens			*		
of any	48 49	Check applicable box(es). 1 Annualized/Other 2 Farmer or fisherman 3 Form 221 attached Total of lines 41, 42, 43, 44, 45 and 47				49		
Forms W-2 and 1099-R.	50		FUND. Subtract line 49 from line 40. If less than zero, enter amount owed on line 51		1-	50		
and 1622-4.	51		OUNT OWED. Add lines 37 and 49. Include social security number on payment.			51		(31
			The state of the s				DOR USE 82	<u> </u>

Amnestv Form 140PY (1994) Page 2 A1 List children and other dependents related to you. If more space is needed, attach a separate sheet. PART A Dependents Relationship Soc. Sec. No. Name Relationship Soc. Sec. No. Do not list vourself or SDOUSE. A2 List dependents who are Arizona residents age 65 or over. A3 Enter total number of persons listed in A1 and A2 here and on the front of this form, box 10. TOTAL A3 PART B ___To ___ B4 Date of residency: From ____ 1994 FEDERAL 1994 ARIZONA Arizona Income from federal return Income only Percent of B5 Wages, salaries, tips, etc. **B**5 **Total** B6 Interest income B7 Dividends **B**7 B8 Arizona income tax refunds **B8** B9 Alimony received **B9** B10 Business income or (loss) from federal Schedule C **B10** B11 Gains or (losses) from federal Schedule D..... **B**11 B12 Rents, royalties, partnerships, estates, trusts, small business corporations, from federal Schedule E **B12** B13 Other income reported on your federal return **B13** B14 Total income. Add lines B5 through B13 **B14** B15 Total IRA deduction..... B16 Other federal adjustments. Attach your own schedule **B16** B17 Total adjustments. Add lines B15 and B16..... **B17** B18 Federal adjusted gross income. Subtract line B17 from line B14 in FEDERAL Column. B18 B19 Arizona income. Subtract line B17 from line B14 in ARIZONA Column. Enter here and on the front of this form line 14 B19 C21 Early withdrawal of Arizona Retirement System contributions **PART C** C21 **Additions** C22 Other additions to income. See instructions and attach your own schedule C22 To Income C23 Total. Add lines C21 and C22. Enter here and on the front of this form, line 15...... C23 D24 Exemption: Age 65 or over. Multiply number in box 8, page 1, by \$2,100 PART D D25 Exemption: Blind. Multiply number in box 9, page 1, by \$1,500 D25 Subtractions D26 Exemption: Dependents. Multiply number in box 10, page 1, by \$2,300 D26 From D27 Total exemptions. Add lines D24 through D26 D27 Income D28 D28 Multiply line D27 by percentage on line B20 and enter the result..... D29 D29 Interest on U.S. obligations, such as U.S. Savings Bonds and Treasury Bills included in the ARIZONA column......... D30 Arizona state lottery winnings included on line B13 in ARIZONA column (up to \$5,000 only) D30 D31 Social security or Railroad Retirement benefits included in your ARIZONA income D31 D32 Agricultural crops contributed to Arizona charitable organizations D32 D33 Alternative fuel vehicles and refueling equipment D33 D34 Other subtractions. See instructions and attach your own schedule. D34 D35 Total. Add lines D28 through D34. Enter here and on the front of this form, line 17..... D35 **PARTE** E36 Last name(s) used in prior years if different from name(s) used in current year. Please I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are correct and complete. Sign Your signature Date Occupation Here Spouse's Date Spouse's occupation Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Pald Preparer's Information Preparer's Signature Date Firm's name (preparer's if self-employed) Preparer's TIN Preparer's address